

§2131. Executive Lobbying Registration/Renewal

**EXECUTIVE LOBBYING REGISTRATION/  
RENEWAL FOR  
THE YEAR OF 2006  
(Fill in year.)**



**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**

Postmark Date 03/14/06

REG-2006  
#03092  
#110-00WY

**3060218**

1. NAME SCHATTE ANDREW A.  
Last First MI
2. BUSINESS PHONE 713-521-2728  
Area Code and Phone Number
3. FAX NUMBER 713-521-3077
4. BUSINESS ADDRESS 2211 NORFOLK #1150 HOUSTON, TX 77098  
Street and No. City State Zip
- MAILING ADDRESS SAME  
Street and No. City State Zip
5. EMPLOYER AMERICUS REAL ESTATE INVESTMENTS, INC.
6. EMPLOYER'S ADDRESS 2211 NORFOLK #1150 HOUSTON, TX 77098  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name AMERICUS REAL ESTATE INVESTMENTS, INC.  
Address 2211 NORFOLK #1150 HOUSTON TX 77098  
Business or purpose REAL ESTATE INVESTMENTS  
Does this person pay you? YES  
If No, who pays you? \_\_\_\_\_

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**EXECUTIVE LOBBYING  
REGISTRATION FORM**



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:1 et seq. has been deliberately omitted.

  
Signature of Lobbyist

